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SERIAL NUMBER 10/051,140	FILING OR 371(c) DATE 01/22/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 47123-00073USPT
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APPLICANTS

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**** CONTINUING DATA *******This appln claims benefit of 60/333,721 11/28/2001 *[Signature]***** FOREIGN APPLICATIONS ********[Signature]***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 02/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 45	TOTAL CLAIMS 132	INDEPENDENT CLAIMS 38
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances				
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials		

ADDRESS

30223

TITLE

RETRACTABLE NEEDLE SINGLE USE SAFETY SYRINGE

FILING FEE RECEIVED 2848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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